



<b>Section 1 - Applicant Information (System Owner)</b>				
<b>First Name</b> <small>(As shown on your income tax return)</small>		<b>Middle Initial</b> <small>(If used on your tax return)</small>	<b>Last Name</b> <small>(As shown on your income tax return)</small>	
<b>Email Address</b>		<b>Phone Number</b>		
<b>Installation Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>County</b>	<b>Congressional District*</b>		<b>MD Legislative District*</b>	
<b>Mailing Address (If different from Installation Address)</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Primary Point of Contact</b>	<input type="radio"/> Applicant <input type="radio"/> Contractor			

*\*Find MD Congressional and Legislative Districts at <https://www.mdelect.net>*

<b>Section 2 - Clean Energy System Information (One technology per application)</b>				
Clean Energy Technology	System Capacity	Total System Cost	Rebate Amount	
<input type="radio"/> Solar Photovoltaic (PV)		kW-DC		
<input type="radio"/> Solar Water Heating (SWH)		Sq. Ft.		
<input type="radio"/> Geothermal Heat Pump (GEO)		Tons		
<input type="radio"/> Geothermal Heat Pump Replacement		Tons		

<b>Section 3 - Applicant Signature - CAREFULLY READ THE STATEMENTS BELOW BEFORE SIGNING</b>					
I affirm under penalties of law that: 1. A qualified clean energy system has been installed on the installation property specified in Section 1 of this Residential Clean Energy Rebate Application. 2. I am a legal resident of the State of Maryland. 3. I own the property for which I am applying and it is my primary residence. 4. If the property is held in trust: I attest that the trust is revocable and I have the right to remove the property from the trust. 5. I have complied with all state laws, local ordinances and other legally binding requirements. 6. The contents of this application are true to the best of my knowledge, information, and belief. 7. I have read and agree to the terms outlined in the Residential Clean Energy Rebate Program Terms and Conditions.					
<b>Print Full Name (As shown on your income tax return)</b>		<b>OFFICIAL USE ONLY</b>			
		D13	03	512SA	1299
<b>Social Security Number</b>		AGENCY	FUND	PCA	SUB-OBJ
					FY
<b>Handwritten Signature</b>		SSN		AMOUNT	
<b>X</b>		MEA-			
		PM INIT	NUMBER	DATE RECEIVED	
<b>Date Signed</b>					
		MEA APPROVAL		FINANCIAL ADM APPROVAL	
<b>PLEASE NOTE:</b> <b>Your application is not valid unless it is signed.</b>		DATE:			
		POSTED:			



**Section 4 - Permitting & Installation information**

State the Permitting Authority (County or Municipality having jurisdiction) and all applicable permit numbers and dates of final inspections, below.

Circle Y or N:

**Final** Inspections:

Required?	Permitting Authority	Building Permit Number	Date <b><i>Passed</i></b>
Y/N			
Required?	Permitting Authority	<b>Electrical</b> Permit Number	Date <b><i>Passed</i></b>
Y/N			
Required?	Permitting Authority	<b>HVAC</b> Permit Number	Date <b><i>Passed</i></b>
Y/N			
Required?	Permitting Authority	<b>Plumbing</b> Permit Number	Date <b><i>Passed</i></b>
Y/N			
Required?	Permitting Authority	<b>Well</b> Permit Number	Date <b><i>Completed</i></b>
Y/N			

**Project Information:**

Project Start Date	Project Completion Date	Total Person Hours Worked

**The following question applies to Solar Water Heating Systems Only (otherwise leave blank).**

Indicate Type of Hot Water Heater Replaced:

<input type="radio"/>	Electric
<input type="radio"/>	Non-Electric
<input type="radio"/>	N/A - New Construction

**The following two questions apply to Geothermal Systems Only (otherwise leave blank)**

Indicate System Type:

<input type="radio"/>	Horizontal Loop
<input type="radio"/>	Vertical Well
<input type="radio"/>	Pond/Lake
<input type="radio"/>	Other (specify):

Indicate HVAC System Replaced:

<input type="radio"/>	Electric
<input type="radio"/>	Non-Electric
<input type="radio"/>	N/A - New Construction



**Section 5 - Installation Contractor Information (to be completed by the Installation Contractor)**

Please enter the information for the installation contracting company which installed the clean energy system in the section below. Contractors must be incorporated or registered to do business in the State of Maryland, possess all licenses and certifications required by all applicable Federal, State and local laws, regulations, and other legally binding requirements and be in good standing with the Maryland State Department of Assessments and Taxation.

Company Name	License Type	License Number	
Name of Contact Person	Title of Contact Person		
Company Phone Number	Contact Person's Email Address		
Company Street Address	City	State	Zip Code

**For Solar PV Systems Only: MANDATORY (To be completed by Installation Contractor)**

Name of NABCEP PV Installation Professional	NABCEP Certification Number

**System and Site Verification by Installation Contractor**

By signing the application below, I affirm that the foregoing information is true and correct to the best of my knowledge, information, and belief. In addition, I affirm that each component of the installed system is listed or labeled by a recognized national testing laboratory.

Contractor's Printed Name	Title
<b>X</b>	
Contractor's Signature	Date Signed